

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 11/25/2018		Bureau/Station/Facility: North Patrol Division / Lancaster Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 018-24528-1127-056		Date: 11/25/2018		Time: 1603 Hours	
City or Station: Lancaster		Nature of Incident: The suspect threatened to stab two victims with a knife. The suspect also threatened to stab and agressed the responding Deputy when the shooting occurred.			
Location: 48th Street West and West Avenue J-5, Lancaster, CA 93536					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 10 - 15 Feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol			
Total # of Shots Fired by Deputy 5		Total # of Shots Fired by Suspect 0		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Lee	Jonathan	A.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	Goffigan	Elijah	J.		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City		Zip	
Last Name		First Name		M.I.	
Street Address		City		Zip	
Last Name		First Name		M.I.	
Street Address		City		Zip	
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Present during shooting <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Politano	Michael	V.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Present during shooting <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Arcidiacono	Frank	J.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Arnold	Layne	B.		

POST Use Only	
SH # _____	

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Rollout Information							
Arrival Date	11/25/2018	Arrival Time	2000 hours	Date Submitted	11/26/2018	Date of Recommendation	11/25/2018
Employee #	[REDACTED]	Last Name	[REDACTED]	First Name	[REDACTED]	M.I.	
Employee #	[REDACTED]	Last Name	Castillo	First Name	Maricella	M.I.	
Employee #	[REDACTED]	Last Name	Dinh	First Name	Minh	M.I.	G.
Shooting / Force Information							

Method

(AW)	Anwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

Brand		(IV)	Iver Johnson	(RO)	Rossi
(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Martin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka S&KS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithaca	(RI)	RGi		

Caliber

9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
10)	10 mm	(25)	25 caliber	(44)	.44 caliber
12)	12 gauge	(30)	308 caliber	(45)	.45 caliber
20)	20 gauge	(35)	.357 caliber	(50)	50 mm
21)	.22-250	(36)	30-60 caliber	(SL)	Slug
22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 1	Employee #	Last Name			First Name		M.I.		
		Driscoll			Parker		J.		
	Sex: M	Race: W	Rank: DSG		Unit Assignment: Lancaster Station		Work Assignment (Unit #, Module, etc.): 111H		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting: 7-8 hours		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age: 6'	Height: 03"	Weight: 190						
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm	# Shots: 5	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E	Employee #	Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:						
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E	Employee #	Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:						
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force: <input type="checkbox"/>		
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		

Officer Involved Shooting Suspect Information

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Suspect Information												
S 1	Last Name				Sanchez				First Name		Eduardo	M.I.
	AKA Last Name								First Name			M.I.
	Sex:	M	Race:	H	Street Address:				City:		State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:	21	D.O.B.	07/27/1997	Height:	510	Weight:	300	FBI #		CII #	
	Booking #		5481205		Primary Charge:		245(C)PC		Secondary Charge:		245(a)(1) PC	
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input checked="" type="checkbox"/>	
	Substance Used:				Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>	
	Mental Illness?		<input checked="" type="checkbox"/>		Criminal History?				Vehicle Make		Model:	
	Year:				Parole:				Probation:		Prior Felony Conviction:	
S	Last Name								First Name			M.I.
	AKA Last Name								First Name			M.I.
	Sex:		Race:		Street Address:				City:		State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.		Height:		Weight:		FBI #		CII #	
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Substance Used:				Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>	
	Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>		Vehicle Make		Model:	
	Year:				Parole:				Probation:		Prior Felony Conviction:	
S	Last Name								First Name			M.I.
	AKA Last Name								First Name			M.I.
	Sex:		Race:		Street Address:				City:		State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.		Height:		Weight:		FBI #		CII #	
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Substance Used:				Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>	
	Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>		Vehicle Make		Model:	
	Year:				Parole:				Probation:		Prior Felony Conviction:	
S	Last Name								First Name			M.I.
	AKA Last Name								First Name			M.I.
	Sex:		Race:		Street Address:				City:		State & Zip Code:	
	Work Phone:				Home Phone:				Social Security #:		Driver's License #:	
	Age:		D.O.B.		Height:		Weight:		FBI #		CII #	
	Booking #				Primary Charge:				Secondary Charge:			
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Substance Used:				Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>	
	Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>		Vehicle Make		Model:	
	Year:				Parole:				Probation:		Prior Felony Conviction:	

Los Angeles County Sheriff's Department

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Non-Employee Witnesses			
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph